



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF SAFETY  
DIVISION OF FIRE STANDARDS & TRAINING  
BUREAU OF EMERGENCY MEDICAL SERVICES**

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**TRAUMA MEDICAL REVIEW COMMITTEE  
COMMITTEE MEETING**

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**October 19, 2005  
Richard M. Flynn Fire Academy  
Concord, New Hampshire**

**Members Present:** John Sutton, MD, John DeSilva, Sharon Phillips, RN, Steve Bateman, EMTP (representing Mike Pepin), Rosie Swain, Joe Mastromarino, MD, Clare Wilmot, MD,

**Guests:** Janet Houston, Bill Brown, Richard Ciampa, Noreen LaFleur, Nancy Sears-Russell, Cherie Holmes, MD, Greg Baxter, MD, Joni Iarrobino, RN, John Leary, EMTP, RN

**Bureau Staff:** Clay Odell, EMTP, RN, Fred vonRecklinghausen

**I. Call to Order**

The meeting of the Trauma Medical Review Committee was called to order by Dr. Sutton at 9:30 am on Wednesday October 19, 2005 at the Richard M. Flynn Fire Academy in Concord, NH.

**Item 1. Introductions:** Attendees introduced themselves. Steve Bateman is in the process of being nominated by the Professional Firefighters of NH to replace Mike Pepin, who will be representing PFFNH on the EMS Coordinating Board. Cherie Holmes is an Orthopedic Surgeon from Dartmouth-Hitchcock Clinic – Keene who is interested in participating in the TMRC.

**Item 2. Minutes.** The minutes of the August 2005 meeting were approved by email by all who attended that meeting, and were distributed by e-mail prior to this meeting. There was no discussion regarding the minutes.

**II New Business**

**Item 1. Elliot Hospital Trauma Assignment Renewal Application** Dr. Sutton placed this item on the agenda early because he had to leave the meeting early to attend another meeting. The application presented by Elliot Hospital was reviewed and discussed, with Dr. Baxter, Ms. Iarrobino and Mr. Leary answering questions regarding the application. In their application Elliot Hospital articulated several of the issues that are plaguing Level II trauma hospitals in NH. They also candidly discussed that Elliot

had let some things slide the last couple of years, primarily trauma QA/QI and trauma education, but used the opportunity of renewing the trauma hospital assignment to reenergize the organization's commitment to trauma. Elliot Hospital would be using the trauma plan's neurosurgery alternative for Level II facilities.

Clare Wilmot made a motion to approve Elliot Hospital's assignment as a Level II facility with a the approval letter to recommend that Elliot Hospital improve their performance in trauma education, including MD's, and in trauma-related QA/QI. The motion was seconded by John DeSilva. The motion passed unanimously.

## **II. Committee Discussion Items**

**Item 1.           Renewal and Hospital Updates**     Dr. Sutton left after the prior action, and Clay chaired the rest of the meeting. Clay advised that he had received a renewal application from Weeks Medical Center, but had to defer action on that application until the December meeting. He voiced concern about Androscoggin Valley Hospital. He has not heard back from them in a very long time, and they risk action if they don't respond soon. The group suggested sending them another letter.

Cottage Hospital is scheduled for an initial trauma assignment site visit on November 2, 2005. They are seeking approval as a Level III facility. Site reviewers will be John Sutton, Eileen Corcoran-Howard, Don Albertson, Janet Houston, William Boyle (pediatrician from DHMC recruited by Janet), and Clay Odell.

**Item 2.           Trauma Legislation**     Clay discussed federal funding of the Trauma/ EMS Program which was discussed at previous meetings. The \$3.5 million dollar annual cost of the program had been zero funded in the OMB's budget. Clay had recommended members and guests contact their US Senators requesting that the Senate Appropriations Committee restore funding of the program. Several attendees indicated that they had done so, and Clay passed around letters he had received from Senator Judd Gregg and Senator John Sununu       expressing their interest in the program, which the Senate Appropriations Committee restored funding for.

Clay then passed out an email indicating that the US House of Representatives was poised to retract funding of the program. He urged attendees to contact their US Congressmen to urge them to support funding the Trauma/EMS Program. He again urged the group to go to the American College of Surgeons website to use the legislative advocacy tools there. He said it is our responsibility as trauma system leaders to let our elected representatives hear our expert opinions.

## **III. Old Business**

**Item 1. Interfacility Transport Task Force** Clay reported that the Interfacility Transport Task Force continues to meet and work on a variety of issues to improve interfacility transport in the North Country. The next meeting is scheduled for October 25th at Littleton Regional Hospital.

The task force is attempting to foster interagency cooperation to better facilitate transfers. A subcommittee of the larger task force has been assigned to meet with a small number of parties that are perceived by others as barriers to moving forward on this aspect. The subcommittee will report back on their progress.

Work continues on plans to develop consistent guidelines for matching the needs of the patient with the appropriate transport resources (such as avoiding overtriage of scarce paramedic resources for a patient that does not require that level of resource). Also the group is working on crew-sharing mechanisms.

**Item 2. Trauma Conference** Clay reports that the planning for the conference is moving along well, and the brochures should be back from the printer's soon. Clay distributed paper copies of the brochure and said pdf files of the brochure are available on request.

The planned presentations include:

- Why every hospital can benefit from an organized trauma team
- Trauma team organization, roles, tips, and resources
- Team resource management for trauma teams
- Trauma team demonstration using high tech simulation
- Breakout sessions on neuro care by general surgeons, TEMSIS data demo, hospital incident command/MCI

The trauma team demonstration using high fidelity simulation equipment should be a very interesting event, and may have a significant impact in future trauma training. DHMC's Nursing Simulation Lab is a major partner with us on this project.

**Item 3. Cheshire Medical Center Trauma Assignment Renewal Application** At the August meeting Cheshire Medical Center's renewal application was considered and tabled until Dr. Sutton and Clay have a chance to meet with the trauma leadership at Cheshire Medical Center. Due to scheduling conflicts between Clay and Dr. Sutton, that meeting has not occurred yet, so no action was possible at this time. Clay anticipates bringing the application back up for consideration in December.

**Item 4. AMT Utilization Review Subcommittee** Clay reports the AMT/UR met following the August meeting and is scheduled to meet again today. The number of AMT scene flights is small, so the subcommittee will be gathering data for several more months before releasing any results. Participation in the subcommittee is still open, so interested parties are encouraged to contact Clay if they'd like to participate.

#### **IV. New Business**

**Item 1. Teleconferencing Option for TMRC Meetings** Clare Willmot made a motion to explore the option of having TMRC meetings available by telephone conference call to those members from remote areas that are unable to attend in person. The motion was seconded by John DeSilva. Discussion about the idea was predominantly positive, with the concern that members should try to attend meetings in person. Several attendees said that they had participated in “Board” type meetings by phone in the past and found it effective. May felt it was better for a member to attend by conference call when needed than to not participate at all. The motion carried with all aye votes, no nay votes, no abstentions. Clay will explore implementing conference call participation at the December TMRC meeting.

#### **V. Public Comment**

**Item 1.** Dr. Greg Baxter initiated a discussion about telemedicine and trauma. He mentioned that the University of Vermont/ Fletcher Allen conducted a pilot program and published a paper on it, and suggested that the state keep an eye on the concept of telemedicine and trauma.

The group discussed some of the research on telemedicine in trauma, as well as issues regarding reimbursement and liability that are holding back progress somewhat. It seems from the research that a promising application of telemedicine is to assist the community hospital ED with triaging which patients can stay and which should go to the trauma center.

This may be a good topic for next year’s trauma conference.

**Item 2.** Clay conducted a demonstration of a full-body vacuum mattress that the Bureau of EMS purchased for training purposes. The funds to purchase the device came from unused trauma grants funds. Clay explained that although the Trauma Medical Review Committee usually considers improvements in trauma care for the more severely injured spectrum of patients, it is important for the TMRC to advocate for improvements for patients with a lower level of injury as well.

Full-body vacuum mattresses are an alternative to rigid longboards for spinal immobilization. They are less uncomfortable than longboards and have been shown to produce less pressure-related trauma to the immobilized patient. Medical research has shown the devices to be as effective at full body immobilization as rigid spine boards.

Clay wanted the TMRC to be aware of the device as he is attempting to increase NH EMS providers’ awareness of the device. The device is available for any NH EMS Instructor/Coordinator to borrow.

## **VI. Adjournment**

Clay adjourned the meeting at 11:30. He advised the group that the next scheduled meeting of the Trauma Medical Review Committee would be December 21<sup>st</sup>, four days before Christmas. The members present voted to reschedule the meeting for December 14<sup>th</sup>, 2005 at 9:30 a.m. at the Richard M. Flynn Fire Academy.

**Respectfully submitted:**

**Clay Odell, EMTP, RN  
Trauma Coordinator**